

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/030740

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		4		1		
6	1		1			
7	1		1			
8	1		1			
9		3		1		
10	1		1			
11	1		1			
12	1		1			
13		①		1		
14		1		1		
15		1		1		
16		①		1		
17		①		1		
18		①		1		
19		①		1		
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50						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		↓	16	↓		↓
TOTAL CLAIMS			24			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS